

EMPLOYER NAME AND TITLE

TRA UNIT P.O. BOX 280450 NASHVILLE, TN 37228 PHONE: (877) 813-0950 FAX: (615) 532-3374

REQUEST FOR INITIAL REEMPLOYMENT DATA ON RTAA (RTAA-01)

CLAIMANT SID: EMPLOYER ADDRESS CITY, STATE, ZIP STATE TAX #				
			E (RTAA) PROGRAM PROVIE R) TO FIND NEW EMPLOY!	
AN ELIGIBLE INDIVIDUAL WHO FINDS A NEW FULL-TIME JOB PAYING LESS THAN \$50,000 ANNUALLY MAY RECEIVE A SALARY SUPPLEMENT TO BRIDGE THE GAP BETWEEN THE OLD AND NEW SALARY (up to 50% OF THE DIFFERENCE). THE SUPPLEMENT MAY BE PAID UNTIL \$10,000 HAS BEEN PAID TO THE INDIVIDUAL OR THE END OF A TWO YEAR PERIOD, WHICHEVER OCCURS FIRST. IN ORDER THAT WE MAY DETERMINE THE ABOVE NAMED WORKER'S ELIGIBILITY, PLEASE COMPLETE AND RETURN THIS FORM TO THE ADDRESS IN THE UPPER RIGHT CORNER OF THIS PAGE.				
FIRST DAY WORK	ŒD:			
JOB TITLE:				
# OF HOURS WORKED PER WEEK:				
TYPE OF EMPLO	YMENT:	☐ SALARY	☐ COMMISSION	☐ CONTRACTUAL
WAGE PER HOUF	₹:			
EMPLOYMENT ST	ΓATUS:	☐ FULL-TIME	☐ PART-TIME	

LB-1122 (Rev 6-18) RDA 2259

FAX NUMBER

DATE

PHONE NUMBER